

Docket No.: 1349.1302

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Jae-cheol LEE et al.

Serial No. 10/731,005

Group Art Unit: 2861

Confirmation No. 6349

Filed: December 10, 2003

Examiner: VO, Anh T.N.

For: INK CARTRIDGE

AMENDMENT

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed September 22, 2005, and having a period for response set to expire on December 22, 2005.

The following amendments and remarks are respectfully submitted. Reconsideration of the claims is respectfully requested.



Signature



S&H Form: (02/05)

REPL	Y/AMENDMENT
FEE	TRANSMITTAL

Attorney Docket No. 1349.1302

Application Number 10/731,005

Filing Date December 10, 2003

First Named Jae-cheol LEE et al. Inventor

Group Art Unit 2861

AMOUNT ENCLOSED		0.00	Examiner Name		VO, Anh T.N.						
FEE CALCULATION (fees effective 12/08/04)											
CLAIMS AS AMENDED	Claims Remaining After Amendment		Highest Number Previously Paid For		Number Extra		Rate		Calculations		
TOTAL CLAIMS	22		- 27 =		0		X \$ 50.0	00 =	\$	0.00	
INDEPENDENT CLAIMS	2		- 4=		0		X \$ 200.	00 =	0.00		
Since an Official Action set an <u>original</u> due date of <u>December 22, 2005</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1.590)): (5 months (\$2.160): If Notice of Appeal is enclosed, add (\$500.00)								; (4			
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)											
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)											
Total of above Calculations =									\$	0.00	
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)											
TOTAL FEES DUE =								\$	0.00		
(1) If entry (1) is less than entry (2), entry (3) is "0".											
(2) If entry (2) is less than 20, change entry (2) to "20".											
(4) If entry (4) is less than entry (5), entry (6) is "0".											
(5) If entry (5) is less than 3, change entry (5) to "3". METHOD OF PAYMENT											
Check end	losed as r	navment	IVIE	HOD OF	FATIVICINI						
Check enclosed as payment. Charge "TOTAL FEES DUE" to the Deposit Account No. below.											
No payment is enclosed.											
	·		GENE	RAL AUTI	HORIZATION						
If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:											
Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP											
The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.											
SUBMITTED BY			LP								
Typed Name	Typed Name Uchendu O. Anyago Reg. No. 51,4							51,4	11		

Date December 21,2005
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